

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF VERMONT

ROBERT E. SHAPIRO,  
Plaintiff,

v.

UNITED STATES SOCIAL SECURITY  
ADMINISTRATION,  
Defendant.

Docket No. 2:19-cv-000238

**PLAINTIFF’S CROSS MOTION FOR SUMMARY JUDGMENT, AND  
OPPOSITION TO DEFENDANT’S MOTION TO DISMISS, OR IN THE  
ALTERNATIVE, FOR SUMMARY JUDGMENT**

NOW COMES the plaintiff, Dr. Robert E. Shapiro (“Plaintiff”), and through his undersigned counsel submits the following Memorandum in Support of his Cross Motion for Summary Judgment pursuant to Federal Rule of Civil Procedure 56, and his Opposition to Defendant United States Social Security Administration’s (“Defendant” or “SSA”) Motion to Dismiss, or in the Alternative, Motion for Summary Judgment. [Doc. 14 (“SSA Motion”)].

**INTRODUCTION**

Plaintiff is a neurologist who dedicates much of his practice and advocacy to helping patients and individuals who suffer from neurological disorders, particularly headache disorders such as migraine. On October 5, 2018, he submitted a Freedom of Information Act (“FOIA”) request seeking from Defendant documents pertaining specifically to the SSA Listing of Impairments (“Blue Book”), with regard to how SSA develops policies and rules, and assesses, evaluates, and makes decisions, for claimants seeking benefits due to impairments and disability arising from migraine and other headache disorders. There is limited information in the public domain on these topics, despite migraine affecting

approximately 50 million Americans. Plaintiff requested this information for his own scholarly research and to help inform claimants and the general public about this important issue.

After Plaintiff filed his request, Defendant failed to submit a timely response, which was due 20 business days after Plaintiff's submission. When it finally responded 294 days later, Defendant produced two documents that contained no reference to headache disorders or migraine, withheld 1,377 pages of documents purportedly under Exemptions 5 and 6, and assessed Plaintiff a fee of \$2,908. Plaintiff filed an administrative appeal seeking (1) access to the withheld documents and (2) for waiver of the assessed fee. Again, Defendant did not issue a timely determination, due 20 business days after Plaintiff's filing. Plaintiff waited 87 days after Defendant's deadline passed before filing this complaint.

After Plaintiff filed suit, Defendant determined there were far more responsive documents: in fact, more than 1.58 million additional pages of responsive documents. It has not produced any of these documents, nor any of the 1,377 pages it previously withheld purportedly pursuant to Exemptions 5 and 6, and has refused to refund Plaintiff the \$2,908 fee.

By withholding responsive documents in response to Plaintiff's request, Defendant runs afoul of the core tenets of the FOIA: the right of citizens to be informed about their government, the need to hold governors accountable to the governed, and to provide a check on potential corruption. *NLRB v. Robbins Tire & Rubber Co.*, 437 U.S. 214, 242 (1978). Because Plaintiff complied with the FOIA, and his request reasonably described agency records, he is entitled to the information Defendant has refused to produce. Granting Plaintiff access to these documents is consistent with the FOIA's goals, and will help shed light on an

aspect of an agency's decision making that impacts millions of people but has largely operated in secrecy.

Accordingly, Plaintiff respectfully asks the Court to deny Defendant's Motion and grant Plaintiff's Cross Motion for Summary Judgment. In particular, Plaintiff seeks an order requiring Defendant to (i) produce 1,377 pages of documents it withheld under Exemptions 5 and 6, but failed to justify; (ii) produce all responsive, non-privileged documents identified in Defendant's most recent search; (iii) reimburse Plaintiff \$2,908 in assessed fees; and (iv) award Plaintiff reasonable attorneys' fees, costs, and expenses.

### **ARGUMENT**

#### **A. Standards for Review**

Defendant has moved to dismiss Plaintiff's FOIA request under FRCP 12(b)(6), or in the alternative, for summary judgment under FRCP 56. [SSA Motion, at 2 n.1, 8-11]. Under F.R.C.P. 12(b)(6), a federal court may dismiss a complaint for "failure to state a claim upon which relief can be granted." In reviewing a motion to dismiss, the Court "accepts all factual allegations in the complaint as true and draws all reasonable inferences in favor of the Plaintiff." *Levesque v. Vermont*, 2014 WL 4546785, at \*2 (D. Vt. Sept. 12, 2014). "A complaint must contain sufficient factual matter, accepted as true, to state a claim to relief that is plausible on its face." *Id.* (internal quotations omitted)(quoting *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009)).

Defendant moved, in the alternative, for summary judgment under F.R.C.P. 56. Plaintiff also submits his own cross-motion for summary judgment. Under F.R.C.P. 56, a "court shall grant summary judgment if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." F.R.C.P. 56(a); *Celotex Corp. v. Catrett*, 477 U.S. 317, 322-23 (1986); *Bloomer v. U.S. Dep't of Homeland*

*Sec.*, 870 F. Supp. 2d 358, 363 (D. Vt. 2012). While the movant bears the initial burden of demonstrating the absence of an issue of material fact, the “trial court must resolve all ambiguities and draw all reasonable inferences in favor of the non-moving party, and deny the motion if the moving party fails to demonstrate his or her entitlement to judgment as a matter of law.” *Dumont v. U.S. Dep’t of the Air Force*, 2014 WL 12543866, at \*4 (D. Vt. Mar. 5, 2014).

Where, as here, a court is faced with cross-motions for summary judgment, it “must consider each motion independent of the other, and the standard to be applied is the same as that for individual summary judgment motions.” *Bloomer*, 870 F. Supp. 2d at 363 (citing *Bank of N.Y. Trust, N.A. v. Franklin Advisers, Inc.*, 674 F. Supp. 2d 458, 462-63 (S.D.N.Y. 2009)); *Dumont*, 2014 WL 12543866, at \*4.

### **B. The FOIA**

It is well settled that the FOIA plays an important role in American democracy. As the United States Supreme Court has explained, “[t]he basic purpose of [the] FOIA is to ensure an informed citizenry, vital to the functioning of a democratic society, needed to check against corruption and to hold the governors accountable to the governed.” *NLRB*, 437 U.S. at 242; *Bloomer*, 870 F. Supp. 2d at 363-64. “Congress enacted FOIA ‘to promote honest and open government and to assure the existence of an informed citizenry [in order] to hold the [agency decision makers] accountable.’” *Dumont*, 2014 WL 12543866, at \*5 (citing *Nat’l Council of La Raza v. U.S. Dep’t of Justice*, 411 F.3d 350, 355 (2d Cir. 2005)). The FOIA provides citizens a means to “know ‘what their Government is up to.’” *NARA v. Favish*, 541 U.S. 157, 171-72 (2004) (quoting *Dep’t of Justice v. Reporters Comm. for Freedom of the Press*, 489 U.S. 749, 773 (1989)). The Supreme Court cautioned that the FOIA should “not be dismissed as a convenient formalism,” but “defines a structural necessity in a real democracy.” *Id.* at

172. As the Second Circuit explained, the FOIA “adopts as its most basic premise a policy strongly favoring public disclosure of information in the possession of federal agencies.”

*Halpern v. FBI*, 181 F.3d 279, 286 (2d Cir. 1999).

“Under the statute, ‘any member of the public is entitled to have access to any record maintained by a federal agency, unless that record is exempt from disclosure under one of the Act’s nine exemptions.’” *Bloomer*, 870 F. Supp. 2d at 364 (quoting *A. Michael’s Piano, Inc. v. FTC*, 18 F.3d 138, 143 (2d Cir. 1994)). To receive documents under a FOIA request, a requestor must reasonably describe the records sought and make the request in accordance with published rules. 5 U.S.C. § 552(a)(3)(A)-(B). In light of these important underlying considerations, the FOIA requires federal agencies to promptly release records in response to a request for production, 5 U.S.C. 552(a)(3)(A), and allows federal courts “to enjoin [an] agency from withholding agency records and to order the production of any agency records improperly withheld.” *Bloomer*, 870 F. Supp. 2d at 364 (citing 5 U.S.C. 552(a)(4)(B)).

**C. Plaintiff exhausted his administrative remedies, since Defendant failed to file a timely response to his initial request and appeal, and he submitted a perfected FOIA request, because he reasonably describes the records he seeks.**

Contrary to Defendant’s assertion, Plaintiff only filed this Action after exhausting his administrative remedies. [SSA Motion, at 8]. Additionally, Plaintiff reasonably described the records he seeks, and Defendant’s response indicates it understood the request and knew where to search for responsive documents. As such, Defendant’s Motion to Dismiss Plaintiff’s complaint under 12(b)(6) or, in the alternative, summary judgment, should be denied. Instead, the Court should grant Plaintiff’s cross motion for summary judgment, find that Plaintiff exhausted his administrative remedies, reasonably described the records, and is entitled to receive all non-privileged, responsive documents.

Plaintiff exhausted his administrative remedies because Defendant did not timely respond to his initial request or to his administrative appeal within the statutory timeframe, in violation of the FOIA. An agency must respond to an initial FOIA request by issuing a determination within 20 business days after receipt of the request. 5 U.S.C. § 552(a)(6)(A)(i). Similarly, an agency who receives an appeal to a FOIA determination shall make a determination with respect to any such appeal within 20 business days after receipt. 5 U.S.C. § 552(a)(6)(A)(ii). If an agency fails to comply with the statutory timeframe, a plaintiff is deemed to have exhausted his administrative remedies. 5 U.S.C. § 552(a)(6)(C); *Eakin v. U.S. Dep't of Defense*, 2017 WL 3301733, at \*4 (W.D. Tx. Aug. 2, 2017) (when agency challenged scope and reasonableness of FOIA request, court found claimant-plaintiff exhausted administrative remedies where agency “failed to respond to [requester’s] appeal”).

Here, Defendant was late in responding to both his initial request and, more importantly for this action, his administrative appeal. Plaintiff filed his initial FOIA request on October 5, 2018. [Plaintiff’s Response to Defendant’s Statement of Undisputed Material Fact “SUMF”), ¶1]. Given that Defendant had 20 business days to respond, such response was due by approximately November 2, 2018. Defendant did not respond until nearly six months later when, on May 29, 2019, it informed him of the fee assessment. [SUMF, ¶ 3]. It took Defendant an additional two months to issue a decision on the request itself. [SUMF, ¶ 4]. After receiving Defendant’s initial response, on August 23, 2019, Plaintiff filed a timely appeal, which gave Defendant 20 business days, or until around September 23, 2019, to issue a determination. Defendant has not yet responded to his administrative appeal, and so Plaintiff filed this action on December 20, 2019, at which point Defendant was more than three months

late in issuing a decision. [SSA Motion, at 4 (acknowledging that when Defendant filed its Motion, it was “still processing Plaintiff’s appeal and had not yet issued a decision”)].

Therefore, since Defendant failed to abide by the FOIA’s statutorily imposed deadlines, Plaintiff has exhausted his administrative remedies. 5 U.S.C. §§ 552(a)(6)(A)(i)-(ii); *Eakin*, 2017 WL 3301733, at \*4.

Notwithstanding Plaintiff’s strict compliance with the FOIA’s deadlines, and Defendant’s disregard of the same, the SSA insists it has no duty to respond to Plaintiff’s request, because he does not reasonably describe the records he seeks and thus has not perfected his request. [SSA Motion, at 8-10]. Defendant is simply wrong. In determining whether the records sought are reasonably described for FOIA purposes, the “linchpin inquiry is whether the agency is able to determine ‘precisely what records (are) being requested.’” *Yeager v. DEA*, 678 F.2d 315, 326 (D.D.C. 1982). The Second Circuit, relying on the FOIA’s legislative history, has found that “the FOIA defines a reasonable description of records as one that enables ‘a professional employee of the agency who [is] familiar with the subject area of the request to locate the record with a reasonable amount of effort.’” *Ruotolo v. Dep’t of Justice*, 53 F.3d 4, 10 (2d Cir. 1995) (quoting H.R.Rep. No. 93-876, 93<sup>rd</sup> Cong., 2d Sess. 6 (1974), 1974 U.S.C.C.A.N. 6271)); *Roman v. CIA*, 2013 WL 210224, at \*6 (E.D.N.Y. Jan. 18, 2013). Requests have been found to reasonably describe the records sought even when the search produces a significant number of files. *Yeager*, 678 F.2d at 322, 326 (holding request encompassing over 1,000,000 computerized records to be valid). Under this standard, Plaintiff reasonably described the records sought.

Defendant argues that Plaintiff’s request does not reasonably describe the records because it can “neither discern the precise documents that the Plaintiff is requesting nor locate

the records Plaintiff may be seeking with a reasonable amount of effort and time.” [SSA Motion, at 9]. However, Defendant’s response shows the opposite. Defendant succinctly describes the request in its Motion as seeking documents in two categories: “(1) records ‘pertaining to SSA assessment, evaluation, and decisions regarding inclusion or exclusion of a proposed listing for impairments due to migraine and other headache disorders in the SSA Listing of Impairments’ and (2) records ‘pertaining to, and/or informing, guidance as to how Listings of Impairments . . . are to be appropriately utilized and interpreted . . . in order to assess and determine medical equivalency with impairments attributed to, or caused by, migraine or other headache disorders.’” [*Id.*, at 1]. For both categories of requests, the documents sought relate solely to the listings as they apply to claims of impairments arising from migraine and other headache disorders. This pithy, succinct description of Plaintiff’s request reflects Defendant’s clear understanding of the documents requested, and further demonstrates its reasonableness.

Defendant’s search for responsive documents also indicates that the SSA knew exactly how to conduct the search. Ms. Chyn, a professional employee of the agency familiar with the subject area of the request, submits a declaration showing she knew exactly where to look for responsive documents. [SSA Motion, Ex. A]. She knew which custodians to identify, the offices in which to look, where to look, the search terms to employ, and how to search. [SSA Motion, Ex. A at ¶¶ 15, 17-22]. This undermines any doubts that SSA understood the request, and knew where and how to identify responsive documents.

Nor is Plaintiff’s request as broad as Defendant would imply. For instance, Plaintiff’s request is narrowly tailored to the development and application of listings to the evaluation and determination of migraine and headache disorder impairments, and not, as Defendant



suggests, “related to an agency publication that is central to SSA’S programmatic business processes related to [all] disability determinations[.]” [SSA Motion, at 9]. And, contrary to Defendant’s assertion, Plaintiff does not seek all agency documents that “in any way relate to the agencies treatment of a whole category of neurological conditions.” [*Id.*, at 10]. A fair reading of the request shows that Plaintiff seeks only documents regarding how specific neurological listings, e.g., epilepsy, may have been applied in the evaluation of impairments exclusively arising from migraine and headache disorders.[SUMF, ¶ 1; Complaint Ex. 1].

Plaintiff’s request also reasonably describes the records sought because the limited public information about the agency itself makes it impossible to fashion a more tailored request. The SSA has posted only one brief web-page, then or now, with but a glimpse of the offices or personnel that deliberate upon or decide these policies. [Shapiro Aff., ¶ 14]. The policy-making process itself is nowhere described or delineated for public assessment or scrutiny by the Defendant. [Shapiro Aff., ¶¶ 8-10]. Very limited relevant information may be gleaned from documents issued not by SSA, but by the SSA OIG (SSA OIG, The Social Security Administration’s Listing of Impairments (A-01-08-18023), March 2009; SSA OIG, The Social Security Administration’s Listing of Impairments (A-01-15-50022), September 2015), the GAO (GAO, Modernizing SSA Disability Programs, Preliminary Observations on Updates of Medical and Occupational Criteria (GAO-12-511T), March 2012), and the National Academy of Medicine (NAM, Improving the Social Security Disability Decision Process (2007)). [Shapiro Aff., ¶ 10]. Again, none of these documents provides insight as to why the Defendant decided not to include a migraine and headache disorders listing during the 2016 rule-making. [Shapiro Aff., ¶ 8]. That is, the Defendant has made utterly opaque to the public the disability evaluation processes relevant to the FOIA request. The point of the

FOIA request is to make these processes transparent to claimants and the public. Further, the Defendant cannot reasonably demand that the Plaintiff produce a detailed description of documents sought under a FOIA request, while simultaneously prohibiting the Plaintiff from acquiring virtually any information upon which to describe the documents sought in detail. [Shapiro Aff., ¶¶ 8-10, 14].

Importantly, Defendant claims for the first time in response to Plaintiff's Complaint that he has not perfected his request. [SSA Motion, at 8]. SSA responded to Plaintiff's FOIA request and did not seek clarification from Plaintiff about the scope of his request, and Defendant did not raise a concern about the scope in response to Plaintiff's administrative appeal because it did not respond. [SUMF ¶8; Complaint Ex. 1, at Ex. A]. Plaintiff first became aware that SSA did not believe Plaintiff reasonably described the records, and therefore does not have a perfected request, until after he expended the time and resources to file suit. An agency that fails to raise this issue during the administrative proceedings, only to assert it in hindsight after a requester files suit, would deprive a requester of an opportunity to cure what an agency views as an overbroad request before expending the costs and resources of filing a lawsuit.

Defendant's two principle cited cases are distinguishable. In *Roman v. C.I.A.*, 2013 WL 210224 (E.D.N.Y. Jan. 18, 2013), the agency responded to the requestor's FOIA submission by informing him that his request did not reasonably describe the records sought and that, "because of the breadth and lack of specificity of your request, and in the way in which records systems are configured, the Agency cannot conduct a reasonable search for information responsive to your request." *Id.* at \*2. In response, the requester merely reiterated his request, did not file an administrative appeal, and filed a FOIA complaint with the court.

*Id.* at \*2, \*5 n.3. Here, Plaintiff was not given pre-suit notice of Defendant's position, and so filed an administrative appeal. And in *Manfredonia v. SEC*, 2009 WL 4505510 (E.D.N.Y. Dec. 9, 2009), the requester conceded "that he did not exhaust his administrative remedies," because he did not file an administrative appeal. *Id.* at \*3, \*6. Further, the requester did not comply with SEC or FBI specific regulations, inapplicable here, requiring that a FOIA request describe certain information with specifics, such as the names, dates, and subject matter of documents sought. *Id.* at \*5. In contrast, here Plaintiff is not required to request documents with specificity and he learned for the first time after filing suit that Defendant viewed his request as unperfected. However, Plaintiff has reasonably described the documents he seeks and the SSA was able to identify them.

**D. It is not unduly burdensome for Defendant to produce documents or respond to Plaintiff's request.**

Defendant argues that it need not respond to the request because it is unduly burdensome. [SSA Motion, at 11-15]. When an agency "claims that responding to a request is unreasonable, 'it bears the burden to provide a sufficient explanation as to why such a search would be unreasonably burdensome.'" *Seife v. U.S. Dep't of State*, 298 F. Supp. 3d 592, 611 (S.D.N.Y. 2018) (citing *Ayuda, Inc. v. Fed. Trade Comm.*, 70 F. Supp. 3d 247, 275 (D.D.C. 2014)). As the Department of Justice has acknowledged in its own publications, the "sheer size or burdensomeness of a FOIA request, in and of itself, does not entitle an agency to deny that request on the ground that it does not 'reasonably describe' records within the meaning of FOIA." DOJ, Procedural Requirements. FOIA Update, Vol. IV, No. 3, at 5. Other courts agree, stating that "a broad and burdensome request does not automatically render it *unreasonably* burdensome." *Eakin*, 2017 WL 3301733, at \*5. Here, the sheer burdensomeness of the request should not be outcome determinative, given Defendant's responses at the

administrative level, the nature of the obscurity regarding the SSA, and Plaintiff's two-prong request.

Defendant did not claim Plaintiff's request was unduly burdensome in response to Plaintiff's initial request, and then did not respond to his administrative appeal. Indeed, in response to Plaintiff's initial request, Defendant produced two (albeit irrelevant) memoranda, and identified 1,377 pages of responsive documents it withheld pursuant to Exemptions 5 and 6. Defendant did not assert, nor could it, that this response would be unduly burdensome. After Plaintiff filed this action, Defendant then revisited its initial search, changed its position, and determined that its initial interpretation was "too narrow and the search performed was not reasonably calculated to obtain all records responsive to Mr. Shapiro's FOIA request." [Declaration of CT Monica Chyn ("Chyn Decl."), ¶ 12]. That is, only *after* Plaintiff filed a complaint did Defendant's search balloon from under 2,000 pages of responsive documents to more than 1.5 million pages.

It would set a dangerous precedent if the Court were to find that an agency could lawfully proceed in such a manner—initially to conduct a narrow search during the administrative process, conduct a much more expansive search when faced with a determined requester, and then, based on the more expansive search, assert it has no duty to respond based on burdensomeness. First, it would encourage agencies to conduct very narrow searches at the administrative stage, not produce all responsive documents, and then hope a requester will not expend the time and resources, including filing fees and attorneys' fees, to bring an action. Second, when faced with a dogged requester who has a reasonable basis to challenge the scope of the initial search and files a complaint, an agency could fashion a broad search, claim it is unduly burdensome, and then simply not have to respond. Under either scenario, an

agency could insulate itself from a valid request and thwart the underlying purposes of the FOIA: government accountability, open government, and an informed citizenry. *See* Section B, *supra*.

Furthermore, in the instant case fashioning a more tailored request would be unreasonably difficult, given the scarcity of information available about the SSA. [Shapiro Aff., ¶¶ 8-10, 14]. Defendant states that “Plaintiff has been given the opportunity to reform his request and describe the requests by date range, agency function, or document type, he has declined.” [SSA Motion, at 10]. However, Plaintiff indicated he was willing to limit his request to the last 20 years, and to a more limited number of custodians. [Shapiro Aff., ¶14]. Regarding the custodians, and given the paucity of public information about the SSA, Plaintiff requested more information about those deemed to possess relevant information so he could make an informed decision about how to narrow the request. [*Id.*]. Defendant was unwilling to provide this information, and accordingly Plaintiff was unable to narrow the request. [*Id.*].

Lastly, Ms. Chyn’s declaration does not show that responding to Plaintiff’s request would be unduly burdensome. As Defendant acknowledges, Plaintiff’s request is essentially two pronged, *see* Section C at 8, *supra*, yet Ms. Chyn’s declaration draws no distinction between these prongs. It could very well be that responding to one of these requests is not at all burdensome. Yet, by clumping both prongs together in the same search, it is impossible to parse out whether the claimed burden applies to which part of the request.

Ms. Chyn’s declaration should also be viewed with skepticism given the SSA’s response to Plaintiff’s request. On May 29, 2019, Ms. Chyn issued a fee notice establishing that the search and review for documents responsive to Plaintiff’s request would be approximately 83 hours. [Chyn Decl., ¶¶5-6]. From that search and review, Plaintiff received

two irrelevant memoranda that did not contain the terms “headache” or “migraine”, two of the critical terms in Plaintiff’s request. [Shapiro Aff., ¶ 13]. After Plaintiff filed suit, Ms. Chyn issued a second opinion: the initial 83 hour estimate has now ballooned to a search and review that would take 193,311.6 hours. [Chyn Decl., ¶ 31]. Given that Ms. Chyn’s initial search produced two irrelevant documents, and the second estimate increased by more than 2,300 times the amount of time to search for and review relevant documents, Plaintiff has no faith that the affidavit accurately represents the amount of time and effort needed to respond to Plaintiff’s meritorious FOIA request. The two irrelevant documents disclosed by the Defendant constitute “*contradictory evidence in the record*” that would call into question the veracity of the estimates in Ms. Chyn’s subsequent declaration. *Dumont*, 2014 WL 12543866, at \*7.

Finally, it is not unduly burdensome for Defendant to produce the 1,377 pages it withheld pursuant to Exemptions 5 and 6. “When an agency withholds requested information, it must demonstrate that the information is exempt from disclosure.” *Judicial Watch, Inc. v. Export-Import Bank*, 108 F. Supp. 2d 19, 25 (D.D.C. 2000) (citing 552(a)(4)(B)). To meet this burden, an agency may submit affidavits from one of their officials, and the affidavits “must show, with reasonable specificity, why the documents fall within the exemption.” *Id.* Here, Defendant has failed to meet its burden. The Chyn Declaration incorporates the arguments from the SSA’s initial letter, which contain boilerplate responses, and is devoid of any specificity that the 1,377 are being withheld pursuant to the exemptions. As such, Defendant has failed to meet its burden to justify its withholding.

In sum, it is not burdensome for Defendant to produce the 1,377 documents withheld pursuant to purported privileges, as well as all other responsive, non-privileged documents.

**E. Defendant erred in denying Plaintiff a fee waiver or reduction under the FOIA.**

Defendant charged Plaintiff \$2,908 for responding to his FOIA request. This fee, as well as any future fees, should be waived for two reasons. First, Defendant failed to comply with the statutory timeframe. The FOIA specifies that where an agency does not comply with the applicable statutory timeframes, it shall not charge any fees to a requester “when records are not sought for commercial use and the request is made by an educational or noncommercial scientific institution.” 5 U.S.C. § 552(a)(4)(A)(viii)(I). Here, Plaintiff is not seeking the documents for commercial use, and instead will use them for scholarly research and to better inform the public. [Shapiro Aff., ¶ 7]. Consequently, Defendant’s failure to abide by the statutory deadlines should preclude it from assessing a fee against Plaintiff. *See* Section C, at 6-7, *supra*.

*Second*, Plaintiff seeks the information for non-commercial purposes, in furtherance of scholarly and scientific research, and the information will contribute significantly to the public understanding of SSA’s operations. [Shapiro Aff., ¶ 7]. The FOIA establishes a fee schedule that contemplates waiver or reduction of fees for non-commercial requesters, and where the disclosure will benefit the public at large. “[F]ees shall be limited to reasonable standard charges for document duplication when records are not sought for commercial use and the request is made by an educational or noncommercial scientific institution, whose purposes is scholarly or scientific research[.]” 5 U.S.C. § 552(a)(4)(A)(ii)(II); *Pietrangelo, II*, 2007 WL 1874190, at \*6. For such requesters, duplication fees should be waived entirely, or reduced “if disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” 5 U.S.C. §

552(a)(4)(A); *Pietrangelo, II*, 2007 WL 1874190, at \*6. The FOIA's fee-waiver provisions should be "liberally construed in favor of waivers for noncommercial requesters." *Id.* (quoting *Judicial Watch, Inc. v. Rossotti*, 326 F.3d 1309, 1312 (D.D.Cir. 2003)).

Here Plaintiff meets all the requirements of the fee-waiver provision: he seeks records for non-commercial purposes, in furtherance of scholarly research, and the information produced will increase public understanding of Defendant's process, policies, disability criteria, and determinations related to migraine and headache disorders. [Shapiro Aff., ¶ 7]. He is a medical doctor, professor, author of more than 50 publications on the topic, and founding president of a national group advocating on these issues. [Shapiro Aff., ¶¶ 3-5]. Application of the fee-waiver provision here will also further the public's understanding on the issue of migraine and headache disorders as it relates to disability determinations. It is an important topic: approximately 50 million individuals are affected by migraine in the United States, and migraine is the leading cause of disability for Americans under age 50. [Shapiro Aff., ¶ 6]. Therefore, it would be inequitable for SSA to pursue policies (e.g. not including a Blue Book listing for migraine), under regulation, that limit the ability for Americans with legitimate migraine impairment disability claims to receive the benefits earned from premiums withheld from their paychecks during their employment.

Defendant justifies charging Plaintiff fees under Section 1106(c) of the Social Security Act, 41 U.S.C. § 1306(c) and 20 C.F.R. § 402.175. [SSA Motion, at 15]. Under this provision, and notwithstanding the FOIA, Defendant may charge fees where the SSA commissioner determines a request is "made for any other purpose not directly related to the administration of the program or programs under this Act to which such information relates[.]" The "major criteria" the SSA uses to make this determination is: "(A) Is the information needed to pursue



some benefit under the Act?; (B) Is the information needed solely to verify the accuracy of information obtained in connection with a program administered under the Act; (C) Is the information needed in connection with an activity which has been authorized under the Act; (D) Is the information needed by an employer to carry out her or his taxpaying responsibilities under the Federal Insurance Contributions Act of section 218 of the Act?” 20 C.F.R. § 402.170; Chyn Decl., ¶ 7.

The Court reviews Defendant’s fee-related FOIA decisions *de novo*. *Pietrangelo, II*, 2007 WL 1874190, at \*6. Such a *de novo* review reveals that Defendant’s determination is without merit. As a preliminary matter, Plaintiff’s request is a program-related request, made for a purpose directly related to the administration of the SSA as it pertains to claimants with migraine and headache disorders. Indeed, Plaintiff seeks the records to determine how SSA applies its regulations for disability evaluations. The crux of this request is therefore directly related to SSA’s “administration of the program.”

Even applying the SSA’s criteria, two of these factors weigh heavily in favor of charging no fee. Factor A—“whether the information is needed to pursue a benefit under the Act”—supports a fee waiver. Disclosure of the records will educate the public, informing them about how to pursue disability benefits under the Social Security Act related to migraine and headache disorders. Therefore, it is needed to pursue a benefit under the Act. Factor C—whether the information is needed in connection with an activity authorized under the Act—also weighs heavily in favor of a fee waiver. The information is needed in connection with an activity authorized under the Act: namely, how Defendant reviews, evaluates and considers disability applications for migraine and headache disorders. Based on the current, limited amount of public information in this regard, the public is left in the dark about how the

agency and its government operates an important social program. [Shapiro Aff., ¶¶ 8-10, 14]. Further, the FOIA request was filed, in part, to seek guidance for SSDI migraine claimants that was known to exist when it had been specifically cited both by SSA Acting Commissioner Colvin and in the 2016 rule-making, but had then been withheld from claimants and the public. [*Id.*].

In sum, Defendant erred in charging Plaintiff a fee, and he should be reimbursed in the amount of \$2,908.

**F. Plaintiff is entitled to costs, including reasonable attorneys' fees, if he substantially prevails.**

The FOIA allows courts to award represented litigants reasonable attorneys' fees and litigation costs if they have substantially prevailed. 5 U.S.C. § 552(a)(4)(E)(i). In the context of the FOIA, complainants substantially prevail when they obtain relief through either (i) a judicial order, or an enforceable written agreement or consent decree, or (ii) "a voluntary or unilateral change in position by the agency, if the complainant's claim is not insubstantial." 5 U.S.C. § 552(a)(4)(E)(ii); *Warren v. Colvin*, 744 F.3d 841, 845 (2d Cir. 2014). If the Court sanctions any "alteration in the legal relationship of the parties," then it should award Plaintiff reasonable attorneys' fees and expenses. *Buckhannon Bd. & Care Home, Inc. v. W. Va. Dep't of Health & Human Res.*, 532 U.S. 598 (2001).

Here, Plaintiff filed this action only after Defendant filed a late response to his initial request, and did not respond to his administrative appeal. In so doing, the agency deprived Plaintiff of the chance to resolve (1) his FOIA request and (2) his request for refund of FOIA fees, without court intervention. If the Court enters an order that alters Defendant's position, including granting Plaintiff's motion for summary judgment, in whole or in part, or denying

Plaintiff's motion for summary judgment, in whole or in part, Plaintiff is entitled to reimbursement for costs, including reasonable attorneys' fees.

**CONCLUSION**

For the foregoing reasons, Plaintiff requests that the Court deny Defendant's Motion, grant Plaintiff's Cross Motion for Summary Judgment, and enter an order requiring Defendant to: (i) produce 1,377 pages of documents it withheld under Exemptions 5 and 6, but failed to justify; (ii) produce all responsive, non-privileged documents identified in Defendant's most recent search; (iii) reimburse Plaintiff \$2,908 in assessed fees; and (iv) award Plaintiff reasonable attorneys' fees, costs, and expenses.

DATED at Middlebury, Vermont this 22nd day of September, 2020.

LANGROCK SPERRY & WOOL, LLP



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1124944.1

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF VERMONT

ROBERT E. SHAPIRO,  
Plaintiff,

v.

UNITED STATES SOCIAL SECURITY  
ADMINISTRATION,  
Defendant.

Docket No. 2:19-cv-00238

**AFFIDAVIT OF ROBERT E. SHAPIRO**

I, Robert E. Shapiro, being duly sworn, depose and say as follows:

1. My name is Robert E. Shapiro and I am the plaintiff in the above-captioned action.
2. I make this Affidavit in support of my Cross Motion for Summary Judgment and in Opposition to the United States Social Security Administration's ("SSA") Motion to Dismiss, or in the Alternative, for Summary Judgment. [Doc. 14].
3. I am a medical doctor and currently a Professor of Neurological Sciences at the Larner College of Medicine at the University of Vermont. I treat patients for migraine and other headache disorders, as well as other neurological disorders. I am a member of the American Board of Psychiatry and Neurology, specializing in Neurology. I am certified in field of Headache Medicine by the United Council for Neurological Subspecialties. I am the founding president of the Alliance for Headache Disorders Advocacy (AHDA), a national organization under IRC § 501(c)(6), advocating on behalf of public interests of Americans with disabling headache disorders, and a past member of the Board of Directors of the American Headache Society.

4. A true and correct copy of my current Curriculum Vitae is attached hereto as Exhibit 1.

5. I have authored numerous peer-reviewed articles and other scholarly research on migraine disability, headache disorders, and other neurological disorders. The red-highlighted articles in my attached Curriculum Vitae are related to headache disorders.

6. Migraine affects approximately 50 million (15%) Americans, with its greatest prevalence in those between the ages 20 to 50 years, the most important years of employment. *See* Global Burden of Disease Study, available at <https://vizhub.healthdata.org/gbd-compare/>. Migraine is the second leading cause of all U.S. disability (5.1% of years lived with disability), and the most common cause of disability for Americans less than 50 years of age. *See* Global Burden of Disease Study, available at <https://vizhub.healthdata.org/gbd-compare/>.

7. I filed my FOIA request for two reasons. First, the documents will aid in the pursuit and continuation of my own scholarly research. Second, and given the prevalence of migraines in society, the lack of information in the public domain about the process for disability evaluations for migraine and other headache disorders involving the Blue Book, how such SSA disability evaluations are decided, and how Defendant makes such disability evaluation, I believe such information is in the public interest.

8. At the time I submitted my FOIA request, on October 5, 2018, there was virtually no information in the public domain regarding the process of revision of the Blue Book listings that may be specifically applicable to SSDI/SSI claimants with migraine and headache disorders, or guidance documents for such claimants regarding how to most appropriately apply Blue Book listings in making their claims.

9. At the time of my FOIA submission, based on my research and experience in the area, I knew of only two SSA documents (Complaint, Ex. 1, at Exs. G, J) in the public domain that shed any light on how those individuals living with disabling migraine might apply the Blue Book listings in making claims for SSDI. As set forth in my administrative appeal (Complaint, Ex. 1), the SSA stated, both in the 2016 final-ruling making for the revision of the Blue Book Neurological Listings (81 Fed. Reg. 43048 (2016), available here: <https://www.govinfo.gov/content/pkg/FR-2016-07-01/pdf/2016-15306.pdf#page=1>), as well as in a letter from Acting SSA Administrator Colvin to Senate Finance Committee Chairman Max Baucus (Complaint, Ex. 1, at Ex. K), that directly relevant guidance had been provided to SSA adjudicators, but had been deliberately withheld from claimants: “Our adjudicators have received specific training and policy guidance on how to evaluate migraine and cluster headaches.”

10. Very limited relevant information may be gleaned from documents issued not by SSA, but by the SSA OIG (SSA OIG, The Social Security Administration’s Listing of Impairments (A-01-08-18023), March 2009; SSA OIG, The Social Security Administration’s Listing of Impairments (A-01-15-50022), September 2015), the GAO (GAO, Modernizing SSA Disability Programs, Preliminary Observations on Updates of Medical and Occupational Criteria (GAO-12-511T), March 2012), and the National Academy of Medicine (NAM, Improving the Social Security Disability Decision Process (2007)).

11. Federal regulations direct SSA to include Blue Book listings for the common causes of disability. (42 Fed. Reg. 14706 (1977) (available here: <https://tile.loc.gov/storage-services/service/ll/fedreg/fr042/fr042051/fr042051.pdf>); 44 Fed. Reg. 18175 (1979) (available here: <https://tile.loc.gov/storage-services/service/ll/fedreg/fr044/fr044060/fr044060.pdf>); 50

Fed. Reg. 50069 (1985) (available here: <https://tile.loc.gov/storage-services/service/l1/fedreg/fr050/fr050235/fr050235.pdf>). However, there is no Blue Book listing for migraine. Further, migraine impairments are symptoms, for which there are no reliable diagnostic physical signs or laboratory findings. Yet, federal regulations prohibit claimant symptoms from supporting SSDI/SSI eligibility as Medically Determinable Impairments in Sequential Evaluation. (56 Fed. Reg. 57941 (1991) (available here: <https://tile.loc.gov/storage-services/service/l1/fedreg/fr056/fr056220/fr056220.pdf>). This prohibition violates federal statute. 29 U.S.C. § 794(a)). Partially as a consequence of these regulatory barriers to recognition of migraine impairments in Sequential Evaluation, SSDI claimants for migraine have among the lowest participation rates (0.3% of all SSDI claimants). *See* <https://www.ssa.gov/policy/docs/ssb/v73n2/v73n2p39.html#tableA1>. Further, among those few individuals who do file migraine claims for SSDI, the initial allowance rates are exceptionally low (23%) relative to all claimants (46%). *See* <https://www.ssa.gov/policy/docs/ssb/v73n2/v73n2p39.html#tableA1>. In 2013, to begin to address this disparity, 13 U.S. non-profit advocacy organizations submitted to SSA a draft Blue Book listing for migraine and headache disorders. Included with the draft Blue Book listing were data alerting SSA to the huge contribution of migraine to the disability burden of the United States. In 2014, SSA issued a Notice of Proposed Rulemaking (NPRM) to revise the Neurological Listings (11.00) (79 Fed. Reg. 10636 (2014) (available here <https://www.govinfo.gov/content/pkg/FR-2014-02-25/pdf/2014-02659.pdf#page=2>). During the NPRM, SSA received more than 800 public comments supporting adding a Blue Book listing for migraine and headache disorders. In 2016, in the final rule-making, SSA did not add a Blue Book listing for migraine and headache disorders, and offered no justification or

explanation for this decision. (81 Fed. Reg. 43048 (2016): available here:

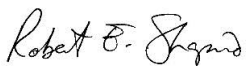
<https://www.govinfo.gov/content/pkg/FR-2016-07-01/pdf/2016-15306.pdf#page=1>.

12. In response to my initial FOIA request, SSA produced two memoranda and withheld 1,377 pages of responsive documents it claims fall under FOIA exemptions 5 and 6. [Complaint, Ex. 1, at Exs. A, E, F].

13. Based on my review of the two memoranda Defendant produced, I determined these documents are irrelevant to my request. Neither contains the terms “headache” or “migraine,” and the documents do not pertain in any way to the assessment of SSDI/SSI claimants’ impairments for migraine or headache disorders under the Listing of Impairments.

14. After I filed this action, the SSA’s attorney contacted my counsel to see if I was willing to narrow my request. Through my counsel, I indicated I was willing to limit my request to the last 20 years, and limit the production of documents to a limited number of the 134 custodians SSA identified as potentially possessing relevant information to my FOIA request. At the time of my request and currently, I am aware of only one brief SSA web-page offering a glimpse of the offices or personnel that deliberate upon or decide policies. *See* <https://www.ssa.gov/org/orgDCRDP.htm#odp2>. Therefore, before agreeing to limit my search to certain custodians, I requested more information about those deemed to possess relevant information. When I did not receive this information, the Defendant thwarted my ability to narrow my request.

DATED: September 22, 2020

  
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Robert E. Shapiro



## ROBERT EVAN SHAPIRO

### CURRICULUM VITAE

#### Academic Address:

Department of Neurological Sciences  
 Arnold 2442A  
 1 South Prospect Street  
 Burlington, Vermont, 05401-3456

Voice: (802) 847-6656  
 FAX: (802) 847-4918  
 Twitter: @headachedoc  
 Skype: robert.shapiro802  
 email: robert.shapiro@uvm.edu  
 robert.shapiro@uvmhealth.org

#### Current Positions:

Professor, Department of Neurological Sciences, Robert Larner, M.D. College of Medicine, UVM, VT  
 Attending Neurologist, University of Vermont Medical Center, Burlington, Vermont  
 Director, Headache Clinic, University of Vermont Medical Center, Burlington, Vermont  
 Director, UCNS Headache Medicine Fellowship, University of Vermont Medical Center, Burlington, VT  
 Division Chief, Headache Medicine, Dept Neurological Sciences, UVM Medical Center, Burlington, VT

#### Education:

Phillips Exeter Academy, Exeter, New Hampshire  
 High School Diploma

1973

School of Arts and Sciences, University of Pennsylvania, Philadelphia, Pennsylvania

B.A., cum laude (Biology)	1978
A.M. (Biology)	1978
Ph.D. (Anatomy)	1984

University College, University of Oxford, Oxford, England

B.A., Hons. (Philosophy / Psychology)	1980
M.A. (Philosophy / Psychology)	1985

College of Physicians and Surgeons, Columbia University, New York, New York  
 M.D.

1987

#### Academic Appointments:

School of Medicine, Johns Hopkins University, Baltimore, Maryland

Instructor in Neurology	1991-1996
Assistant Professor of Neurology	1996-1997

Robert Larner, M.D., College of Medicine, University of Vermont, Burlington, Vermont

Assistant Professor of Neurology	1997 - 2004
Associate Professor of Neurology	2004 - 2009
Member, Graduate Faculty	2006 -
Professor of Neurology	2009 - 2012
Professor of Neurological Sciences	2012 -

**Postgraduate Training Appointments:**

The Graduate Hospital, University of Pennsylvania, Philadelphia, Pennsylvania  
Intern in Medicine 1987-1988

The Johns Hopkins Hospital, Johns Hopkins University, Baltimore, Maryland  
Resident in Neurology 1988-1991

**Hospital Appointments:**

Johns Hopkins Hospital, Baltimore, Maryland  
Attending Neurologist 1991-1997

University of Vermont Medical Center (formerly Fletcher Allen Health Care), Burlington, Vermont  
Attending Neurologist 1998 -  
Director, Headache Clinic 1998 -

Alice Hyde Medical Center, Malone, New York  
Consulting Neurologist 2002 - 2006

**Medical Licensure:**

Pennsylvania	MT019288T	voluntarily inactive	1987 - 1988
Maryland	D42471	voluntarily inactive	1991 - 1997
New York	222796	voluntarily inactive	2001 - 2006
Vermont	042-0009608	active	1998 -
DEA	BS5421374		

**Certification:**

The National Board of Medical Examiners (now USMLE) Diplomate (#33391426) July 1, 1988  
Neurology, The American Board of Psychiatry and Neurology Diplomate (#037595) April 1993 -  
Headache Medicine, United Council for Neurologic Subspecialties, Diplomate (#00838-16) 2006 – 2026

**Grant Review Boards, Study Sections, Awards Committees:**

CFIDS Association of America, Grant Review Board 2001

American Headache Society, Awards Committee 2002 – 2016

UVM General Clinical Research Center, Scientific Advisory Committee 2003 - 2006  
Vice Chairman 2005 - 2006

American Academy of Neurology, Wolff-Graham Award Committee 2009 – 2012  
Kenneth Viste Award Subcommittee 2013 –

US Army Medical Research and Materiel Command, 2010, 2014  
CDMRP, Peer Reviewed Medical Research Program, Study Section

American Brain Foundation, Expert Review Panel for Headache & Pain 2017

NINDS HEAL Initiative ZNS1 SRB-A 33, Review of EPPIC- NET Assets  
(Candidates for Pain Therapies) 03/23/2020

### Editorial Activities:

*Contributing Editor:* Headache Currents (2009 - 2015)

*Ad hoc reviewer (1999 –):*

American Journal of Human Genetics	Headache Currents
Annals of Neurology	JAMA Neurology
BMC Public Health	JAMA Pediatrics
BMJ	Journal of Headache and Pain
Brain	Journal of Neuroimaging
Cephalalgia	Journal of Pediatrics
Cerebral Cortex	Lancet
Clinical Pharmacology in Drug Development	Lancet Neurology
CNS Spectrums	Muscle and Nerve
European Journal of Pharmacology	New England Journal of Medicine
Genomics	Regional Anesthesia and Pain Medicine
Headache	SpringerPlus

### Professional Organizations:

Alliance for Headache Disorders Advocacy	Founding President	2008 – 2013
	Board of Directors, Member	2008 –
	‘Headache on the Hill’ (13 events)	2007 – 2020
	Director (6 events)	
American Academy of Neurology	Member	1996 –
	Scientific program abstract reviewer	2003
	‘Neurology on the Hill’ advocacy (14 events)	2004 - 2020
	Palatucci Advocacy Leadership Forum	<i>Advocate</i> 2007
		<i>Advisor</i> 2008
		<i>Faculty</i> 2009
	Editorial Board for Advocacy	2008 - 2009
	Wolff-Graham Award Committee	2009 – 2012
	Kenneth Viste Award Subcommittee	2013 –
	Fellow	2013 –
	Health Policy Subcommittee	2018 –
American Headache Society	Member	1998 –
	Awards Committee, Member	2002 – 2016
	Acting Chair	2013
	Scientific program abstract reviewer	2005
	Academic Affairs Section, Chair	2006 – 2008

	50 <sup>th</sup> Anniversary Committee, Member	2006 – 2008
	Headache Guidelines Representative	2008
	Post-Traumatic Headache Consensus Conference	2011
	Committee on Conflict of Interest & Disclosure	2013
	Board of Directors, Member	2014 – 2020
	Affordable Care Act Task Force	2014
	Ethics Committee, Member	2016 – 2020
	Runnin' for Research Travel Award Committee	2018 –
	Practice Management Committee, Member	2018 –
	Fellow	2018 –
	Advocacy Committee, Member	2019 –
	Liaison, AHS/AMD Migraine Science Collaborative	2019
American Society for Experimental NeuroTherapeutics	Member	2010
Headache Cooperative of New England	Member	1998 –
	Board of Directors	2000 –
	President	2002 – 2008
	Educational Co-Director	2004 – 2015
Headache Cooperative of the Pacific	CME Planning Committee	2008
International Headache Research Seminar	Organizing Committee, Member	2007
International Headache Society	Member	1999 -
	Journal Editorship Working Group	2015
	Global Patient Advocacy Coalition	2018
National Headache Foundation	Member	2008, 2012
Clusterbusters	Medical Advisory Board	2013 -
Association of Migraine Disorders	Event Committee	2016-2017
Cluster Headache Foundation	Medical Advisory Board	2016
CGRP Education and Research Forum	Editorial Advisory Board	2017
American Migraine Foundation	Advisory Board	2017 – 2018
American Brain Foundation	Expert Review Panel for Headache & Pain	2017
Runnin' for Research	Resident Research Travel Committee	2018 – 2020
Migraine at Work	Steering Committee	2019 –

#### **Fellowships, Travel Grants, Awards, and Distinctions:**

Joint BA/AM Submatriculation Program, University of Pennsylvania	1976-1978
Cum Laude, University of Pennsylvania	1978
Thouron Award, University of Oxford, Oxford, England	1978-1980
University Fellowship, University of Pennsylvania	1980-1981
American Physiological Society / Kroc Foundation Travel Grant	1983
Australian Academy of Science Travel Fellowship	1983
Columbia University / University of Paris Exchange Fellowship	1987
Hôpital Bicêtre, Le Kremlin-Bicêtre, Paris, France, Medical Student Externship	1987
National Hospital, Queen Square, London, England, Medical Student Externship	1987
The Helen M. Sciarra Prize in Neurology, Columbia University	1987
Merck Clinician Scientist Award, Johns Hopkins School of Medicine	1991
Solo Cup Clinician Scientist Award, Johns Hopkins School of Medicine	1996
Tilghman Traveling Fellowship, Johns Hopkins School of Medicine	1996-1997
Migraine Innovators Merit Award, AstraZeneca Pharmaceuticals	2002
Frymoyer Scholar, University of Vermont College of Medicine	2003 - 2005
America's Top Doctors®, Castle Connelly, Listed	2004 - 2020
The David Coddon Lecture, Headache Cooperative of New England	2005
Best Doctors in America®, Listed	2007 - 2013
The Palatucci Advocate of the Year Award, American Academy of Neurology	2007
Faculty of 1000 - Medicine, Faculty Member	2008 - 2010
America's Top Physicians®, Listed	2010
The Harold G. Wolff Lecture Award, American Headache Society	2012
Lifetime Achievement ('Megrim') Award, Headache Cooperative of New England	2013
Fellow, American Academy of Neurology	2013
The Kenneth M. Viste, Jr., MD, Patient Advocate of the Year Award, AAN	2013
Above and Beyond Award, American Headache Society	2014
Excellence in Advocacy for Cluster Headaches Award, Clusterbusters	2015
Innovation Award, Association of Migraine Disorders	2016
Distinguished Service Award, American Headache Society	2019
Headache Champion Award, Alliance for Headache Disorders Advocacy	2019

**Research Grants (Principal Investigator for each, unless noted):**

USPHS [5T32GM07517-05], National Research Service Award, Predoctoral Fellowship	1981-1983
Research Foundation of the University of Pennsylvania, Grant	1983
NIH / NINDS [5K08NS001518], Clinical Investigator Development Award	1991-1996
Spinal Cord Research Foundation / P.V.A., Research Grant	1995-1999
NIH / GCRC [5M01RR000052], Johns Hopkins GCRC Project Investigator	1995
Johns Hopkins School of Medicine, Institutional Research Grant	1996
Berman Foundation, Grant	1997
Cal Ripken / Lou Gehrig Fund for Neuromuscular Research, Pilot Grant	1997
American Heart Association – Maryland Affiliate	1997
CFIDS Association of America, Grant	1998
University of Vermont, Patient Oriented Research Pilot Project Award	1999
Unrestricted Educational Grant, Merck Pharmaceuticals	2000-2001
NIH / NIDCR [5R01DE013849-03], Contracted Consultant (P.I.: Ethylin Jabs, JHU)	2000-2003
New Research Initiatives Grant, University of Vermont College of Medicine	2002-2003

Unrestricted Educational Grant, AstraZeneca Pharmaceuticals	2003-2006
Unrestricted Educational Grant, Pfizer Pharmaceuticals	2004-2006
NIH / GCRC [MO1RR109], University of Vermont GCRC Project Investigator	2004-2006
NIH / NHLBI [R01HL071944-01A1], Co-Investigator (P.I.: Ira Bernstein)	2004-2009
Harvard Catalyst SHRINE Query Prize, Co-Investigator (P.I.: Elizabeth Loder, Harvard)	2012
NIH / NINDS [1R37NS079678-01], Collaborator (P.I.: Rami Burstein, Harvard)	2012
Migraine Research Foundation / Association of Migraine Disorders, Grant	2014 – 2016
Cluster headache genetics, McGill University subcontract	2015 –

### Peer-Reviewed Publications:

- 1) Miselis, R.R., **R.E. Shapiro**, P.J. Hand, Subfornical organ efferents to neural systems for control of body water. Science 205:1022-1025, (1979).
- 2) Miselis, R.R., T.M. Hyde, **R.E. Shapiro**, Area postrema and adjacent solitary nucleus in water and energy balance. Fed. Proc. [FASEB J] 43:2969-2971, (1984).
- 3) **Shapiro, R.E.**, R.R. Miselis, The central neural connections of the area postrema of the rat. J. Comp. Neurol. 234:344-364, (1985).
- 4) **Shapiro, R.E.**, R.R. Miselis, The central organization of the vagus nerve innervating the stomach of the rat. J. Comp. Neurol. 238:473-488, (1985).
- 5) Yang, L.J.-S., C.B. Zeller, N.L. Shaper, M. Kiso, A. Hasegawa, **R.E. Shapiro**, R.L. Schnaar, Gangliosides are neuronal ligands for myelin-associated glycoprotein. Proc. Natl. Acad. Sci. USA 93:814-818, (1996).
- 6) **Shapiro, R.E.**, C.D. Specht, B.E. Collins, A.S. Woods, R.J. Cotter, R.L. Schnaar, Identification of a ganglioside recognition domain of tetanus toxin using a novel ganglioside photoaffinity ligand. J. Biol. Chem. 272:30380-30386, (1997).
- 7) **Shapiro, R.E.**, J.W. Griffin, O.C. Stine, Evidence for genetic anticipation in the oculodentodigital syndrome. Am. J. Med. Genet. 71:36-41, (1997).
- 8) Boyadjiev S.A.\*, E.W. Jabs, M. LaBuda, J.E. Jamal, T. Torbergson, L.J. Ptáček, II, R. Curtis Rogers, R. Nyberg-Hansen, S. Opjordsmoen, C.B. Zeller, O.C. Stine, H.J. Stalker, R.T. Zori, **R.E. Shapiro\***, Linkage analysis narrows the critical region for oculodentodigital syndrome to chromosome 6q22-q23. Genomics 58:34-40, (1999). (*\*Equal Contribution*)
- 9) **Shapiro, R.E.**, B. Winters, M.A. Hales, T. Barnett, D.A. Schwinn, N.A. Flavahan, D.E. Berkowitz, Endogenous circulating sympatholytic factor in orthostatic intolerance. Hypertension 36:553-560, (2000).
- 10) Mao-Draayer, Y., S. Braff, K. Nagle, P. Penar, W. Pendlebury, **R.E. Shapiro**, Emerging patterns of diffusion-weighted imaging in Creutzfeldt-Jakob Disease: Case report and review of the literature. Am. J. Neuroradiol. 23:550-556, (2002).

- 11) Boyadjiev, S. A., A. B. Chowdry, **R.E. Shapiro**, A. E. Wandstrat, J. W. Choi, L. Kasch, G. Zhang, B. Wollnik, C.E. Burgess, M. Schalling, M. Lovett, E.W. Jabs, Physical map of the chromosome 6q22 region containing the oculodentodigital dysplasia locus: Analysis of twelve candidate genes and identification of novel cDNAs and SNPs. Cytogenet. Genome. Res., 98:29-37, (2002).
- 12) Paznekas, W.A., S.A. Boyadjiev, **R.E. Shapiro**, O. Daniels, B. Wollnik, C.E. Keegan, J.W. Innis, M.B. Dinulos, C. Christian, M.C. Hannibal, E.W. Jabs, Connexin 43 (GJA1) mutations cause the pleiotropic phenotype of oculodentodigital dysplasia. Am. J. Hum. Genet., 72: 408-418, (2003).
- 13) Bernstein, I.M., **R.E. Shapiro**, A. Whitsel, A. Schonberg, Relationship of plasma volume to sympathetic tone in nulliparous women. Am. J. Obstet. Gynecol. 188:938-942, (2003).
- 14) Damron, D.P., B. Bouchard, **R.E. Shapiro**, A.L. Schonberg, I.M. Bernstein, Platelet activation, sympathetic tone, and plasma volume in nulligravid women of reproductive age. Obstet. Gynecol. 103:931-936, (2004).
- 15) Damron, D.P., I.M. Bernstein, **R.E. Shapiro**, A.L. Schonberg, Uterine blood flow response to alpha-adrenergic blockade in nulligravid women of reproductive age. J. Soc. Gynecol. Investig. 11:388-392 (2004).
- 16) Xu, Y., Q.S. Padiath, **R.E. Shapiro**, S. Wu, N. Saigoh, K. Saigoh, C. Whitney, C.R. Jones, L.J. Ptáček, Y.-H. Fu, Functional consequences of a CK1δ mutation causing familial advanced sleep phase syndrome. Nature 434:640-644 (2005).
- 17) **Shapiro, R.E.**, Practice point commentary: Topiramate – effective for chronic migraine? Nature Clinical Practice Neurology 3:434-435. (2007).
- 18) Sun-Edelstein C., S.J. Tepper, **R.E. Shapiro**, Drug-induced serotonin syndrome: A review. Exp Opin Drug Safety. 7:587-596 (2008).
- 19) Schwedt, T., **R.E. Shapiro**, Funding of research on headache disorders by the National Institutes of Health. Headache. 49:162-169 (2009).
- 20) Ho, T.W., X. Fan, A. Rodgers, C.R. Lines, P. Winner, **R.E. Shapiro**, Age effects on placebo response rates in clinical trials of acute agents for migraine: Pooled analysis of rizatriptan trials in adults. Cephalalgia. 29:711-718 (2009).
- 21) Bernstein, I.M., D.P. Damron, A. Schonberg, **R.E. Shapiro**, The relationship of plasma volume, sympathetic tone and pro-inflammatory cytokines in young healthy non-pregnant women. Reprod Sci 16:980-985 (2009).
- 22) Connor, K. M., **R.E. Shapiro**, H.-C. Diener, S. Lucas, J. Kost, X. Fan, K. Fei, C. Assaid, C. Lines, T.W. Ho, Randomized, controlled trial of telcagepant for the acute treatment of migraine. Neurology. 73:970-977 (2009).
- 23) Evans, R.W., S.J. Tepper, **R.E. Shapiro**, C. Sun-Edelstein, G.E. Tietjen, The FDA alert on serotonin syndrome with use of triptans combined with selective serotonin reuptake inhibitors or selective



serotonin-norepinephrine reuptake inhibitors: American Headache Society Position Paper Headache 50:1089-1099 (2010).

24) Hale, S., M. Choate, A. Schonberg, **R. Shapiro**, G. Badger, I. M. Bernstein, Pulse pressure and arterial compliance prior to pregnancy and the development of complicated hypertension during pregnancy. Reprod Sci 17:871-877 (2010).

25) Schürks, M., P.M. Rist, **R.E. Shapiro**, T. Kurth, Migraine and Mortality: A systematic review and meta-analysis. Cephalalgia 31:1301-1314 (2011).

26) Brennan K.C.\*, E.A. Bates\*, **R.E. Shapiro\***, J. Zyuzin, W.C. Hallows, Y. Huang, H.-Y. Lee, C.R. Jones, Y.-H. Fu, A.C. Charles, L.J. Ptáček, Casein kinase Iδ mutations in familial migraine and advanced sleep phase. Sci Transl Med 5:183ra56 (2013). (\* *Equal contribution*)

27) Babi M.-A., T. Raleigh, **R.E. Shapiro**, J. McSherry, A. Applebee. NEURO-IMAGES: MRI and encephalography in fatal eastern equine encephalitis. Neurology 83:1483 (2014).

28) Schindler, E.A., C.H. Gottschalk, M.J. Weil, R.E. Shapiro, D.A. Wright, R.A. Sewell. Indoleamine hallucinogens in cluster headache: Results of the Clusterbusters medication use survey. J Psychoactive Drugs 47:372-81 (2015).

29) Babi M.-A., A. Applebee, **R.E. Shapiro**, W. Waheed. Syndrome of transient headache and neurologic deficits with cerebrospinal fluid lymphocytosis presenting as acute neurological emergencies. Cephalalgia 37:284-289 (2017).

30) Schroeder, R.A., J. Brandes, D.C. Buse, A. Calhoun, K. Eikermann-Haerter, K. Golden, R. Halker, J. Kempner, N. Maleki, M. Moriarty, J. Pavlovic, **R.E. Shapiro**, A. Starling, W.B. Young, R.A. Nebel. Sex and Gender Differences in Migraine-Evaluating Knowledge Gaps. J Womens Health 27:965-973 (2018).

31) Pearson, S.M., M.J. Burish, **R.E. Shapiro**, Y. Yan, L.I. Schor. Effectiveness of oxygen and other acute treatments for cluster headache: Results from the Cluster Headache Questionnaire, an international survey. Headache 59:235-249 (2019).

32) **Shapiro, R.E.**, H.M. Hochstetler, E.B. Dennehy, R. Khanna, E. Gautier Doty, P.H. Berg, A.J. Starling. Lasmiditan for Acute Treatment of Migraine in Patients with Cardiovascular Risk Factors: Two Phase 3 Trial Results. J Headache Pain 20:90 (2019).

33) Sprouse-Blum, A.S., B. Lavoie, M. Haag, S. Mawe, E.A. Tolner, A.M.J.M. van den Maagdenberg, S.-P. Chen, K. Eikermann-Haerter, A. Joutel, L. Ptáček, G.M. Mawe, **R.E. Shapiro**. No gastrointestinal dysmotility in transgenic mouse models of migraine. Headache 60:396-404 (2020).

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35) Sprouse-Blum, A.S., Couperus, C., Rosen, B., Haskin-Leahy, L. **Shapiro, R.E.** Familial “Diplegic” Migraine – Description of a Family with a Novel CACNA1A Mutation. Headache 60:600-606 (2020).



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- 69) Lipton RB, Araujo AB, Nicholson RA, Faries DE, Buse DC, **Shapiro RE**, Ashina S, Reed ML, Jaffe DH, Cambron-Mellott MJ, Li VW, Zagar A, Pearlman EM. Patterns of diagnosis, consultation, and treatment of migraine in the US: Results of the OVERCOME study. Diamond Headache Clinic Research & Educational Foundation; 25-28 Jul 2019; Lake Buena Vista, FL, USA 2019
- 70) Ashina, S., Foster, S.A., Nicholson, R.A., Araujo, A.B., Reed, M.L., **Shapiro, R.E.**, Buse, D.C., Jaffe, D.H., Cambron-Mellott, M., Li, V.W., Zagar, A., Pearlman, E.M, Lipton, R.B.. Opioid Use Among People with Migraine: Results of the OVERCOME Study. Headache 59 (Supp 1):11 (2019).

- 71) Ashina S, Foster SA, Nicholson RA, Araujo AB, Reed ML, **Shapiro RE**, Buse DC, Jaffe DH, Cambron-Mellott MJ, Li VW, Zagar A, Pearlman, EM, Lipton RB. Opioid use among people with migraine: Results of the OVERCOME study. PAINWeek 2019; 3-9 Sep 2019; Las Vegas, NV, USA
- 72) **Shapiro, R.E.**, Araujo, A.B., Nicholson, R.A., Reed, M.L., Buse, D.C., Ashina, S., Jaffe, D.H., Cambron-Mellott, M., Li, V.W., Zagar, A., Pearlman, E.M, Lipton, R.B.. Stigmatizing Attitudes About Migraine by People Without Migraine: Results of the OVERCOME Study. Headache 59 (Supp 1):14-16 (2019).
- 73) **Shapiro RE**, Araujo AB, Nicholson RA, Reed ML, Buse DC, Ashina S, Jaffe DH, Cambron-Mellott MJ, Li VW, Zagar A, Pearlman EM, Lipton RB. Stigmatizing attitudes about migraine by people without migraine: Results of the OVERCOME study. Diamond Headache Clinic Research & Educational Foundation; 25-28 Jul 2019; Lake Buena Vista, FL, USA 2019
- 74) Buse, D.C., Nicholson, R.A., Araujo, A.B., Reed, M.L., **Shapiro, R.E.**, Ashina, S., Jaffe, D.H., Cambron-Mellott, M., Li, V.W., Zagar, A., Doty, E. Gautier, Pearlman, E.M, Lipton, R.B.. Migraine Care Across the Healthcare Landscape in the United States Among Those with  $\geq 4$  Migraine Headache Days Per Month: Results of the OVERCOME Study. Headache 59 (Supp 1):16-17 (2019).
- 75) Buse DC, Nicholson RA, Araujo AB, Reed ML, **Shapiro RE**, Ashina S, Jaffe DH, Cambron-Mellott MJ, Li VW, Zagar A, Doty EG, Pearlman EM, Lipton RB. Migraine care across the healthcare landscape in the United States among those with  $\geq 4$  migraine headache days per month: Results of the OVERCOME study. Diamond Headache Clinic Research & Educational Foundation; 25-28 Jul 2019; Lake Buena Vista, FL, USA 2019
- 76) Lipton, R.B., Pohl, G.M., Araujo, A.B., Nicholson, R.A., Buse, D.C., **Shapiro, R.E.**, Ashina, S., Reed, M.L., Jaffe, D.H., Cambron-Mellott, M., Li, V.W., Zagar, A., Doty, E. Gautier, Pearlman, E.M.. Who Is Eligible for Novel Medications Designed for the Acute Treatment of Migraine and What Are Their Unmet Needs? Results of the OVERCOME Study. Headache 59 (Supp 1):57-58 (2019).
- 77) Reed, M.L., Araujo, A.B., Nicholson, R.A., Faries, D.E., Buse, D.C., **Shapiro, R.E.**, Ashina, S., Jaffe, D.H., Cambron-Mellott, M., Li, V.W., Zagar, A., Doty, E. Gautier, Pearlman, E.M., Lipton, R.B.. Symptom Patterns, Disability, and Physician Visits Among a US Sample of People with Migraine: Results of the OVERCOME Study. Headache 59 (Supp 1):59-60 (2019).
- 78) Buse DC, Kovacic AJ, Nicholson RA, Doty EG, Araujo AB, Ashina S, Reed ML, **Shapiro RE**, Kim Y, Lipton RB. Acute Treatment Optimization Influences Disability and Quality of Life in Migraine: Results of the ObserVational survey of the Epidemiology, tReatment and Care Of MigraineE (OVERCOME) study Abstract submitted to American Academy of Neurology 2020 Annual Meeting
- 79) Lipton RB, Loo LS, Araujo AB, Nicholson RA, Zagar AJ, Kim Y, Doty EG, Li H, Buse DC, **Shapiro RE**, Reed ML, Pearlman EM. Migraine and Functional Impairment Associated with Driving: Results of the OVERCOME Study. Abstract submitted to American Academy of Neurology 2020 Annual Meeting.
- 80) Lipton RB, Nicholson RA, Reed ML, Buse DC, Vargas BB, **Shapiro RE**, Hutchinson S, Ashina S, Samaan K, Zagar AJ, Kim Y, Pearlman EM. Characteristics of Individuals with Migraine Who are

Eligible for Novel CGRP Monoclonal Antibodies: Results of the OVERCOME Study. Headache 60 (Supp 1):126-127 (2020).

81) **RE. Shapiro**, Samaan KH, Nicholson RA, Zagar AJ, Kim Y, Buse DC, Ashina S, Reed ML, Vargas BB, Hutchinson S, Lipton RB. CGRP Monoclonal Antibody Use and Patient-Reported Improvement of Migraine: Results of the OVERCOME Study. AMCP Nexus 10/2020.

82) Buse DC, Schuh K, Nicholson RA, Reed ML, Kim Y, Zagar AJ, Vargas BB, **Shapiro RE**, Ashina S, Hutchinson S, Lipton RB. Patients' Reasons for Starting, Switching, and Stopping CGRP Targeted Monoclonal Antibodies: Results of the OVERCOME Study. AMCP Nexus 10/2020.

83) **RE. Shapiro**, Samaan KH, Nicholson RA, Zagar AJ, Kim Y, Buse DC, Ashina S, Reed ML, Vargas BB, Hutchinson S, Lipton RB. CGRP Monoclonal Antibody Use and Patient-Reported Improvement of Migraine: Results of the OVERCOME Study. Migraine Trust Virtual Symposium 10/2020.

84) Buse DC, Schuh K, Nicholson RA, Reed ML, Kim Y, Zagar AJ, Vargas BB, **Shapiro RE**, Ashina S, Hutchinson S, Lipton RB. Patients' Reasons for Starting, Switching, and Stopping CGRP Targeted Monoclonal Antibodies: Results of the OVERCOME Study. Migraine Trust Virtual Symposium 10/2020.

#### **Invited Lectures (partial list since 1998):**

##### *International:*

Migraine Innovators III	
Bruges, Belgium	3/16/2003
Biennial Meeting: XI Congress of the International Headache Society	
International Headache Society, Rome, Italy	9/14/2003
Migraine Innovators IV	
Madrid, Spain	3/13/2004
Annual Meeting: American Headache Society,	
Vancouver, British Columbia, Canada	6/10/2004
Symposium: VII International Formation Course on Headache	
Società Italiana per lo Studio delle Cefalee, Sorrento, Italy	4/5/2007
Symposium: V Seminario Clinico: Focus on Primary Headaches: Recent Advances in Mechanisms and Management, Associazione per la Ricerca sulle Cefalee, Stresa, Italy	5/26/2007
Annual Meeting: Southern Clinical Neurological Society	
Ixtapa, Mexico	1/24/2008
Full-Day Course: Headaches in Adults	
American Academy of Neurology, Toronto, Ontario, Canada	4/12/2010
Symposium: International Headache Society, Headache Masters School	
International Headache Society, São Paulo, Brazil	9/14/2011
Symposium: XXV Congresso Brasileiro de Cefaleia	
Sociedade Brasileira de Cefaleia, São Paulo, Brazil	9/15/2011
Symposium: 5 <sup>th</sup> World Congress on Controversies in Neurology (CONy)	
Beijing, China	10/14/2011
Symposium: 7 <sup>th</sup> World Congress on Controversies in Neurology (CONy)	
Istanbul, Turkey	4/12/2013
Biennial Meeting: 16 <sup>th</sup> Congress of the International Headache Society	

International Headache Society, Boston, MA	6/30/2013
Symposium: 10 <sup>th</sup> World Congress on Controversies in Neurology (CONy)	
Lisbon, Portugal	3/18/2016
Symposium: 11 <sup>th</sup> World Congress on Controversies in Neurology (CONy)	
Athens, Greece	3/24/2017
Global Patient Advocacy Summit: 18 <sup>th</sup> Congress of the International Headache Society	
International Headache Society, Vancouver, BC, Canada	9/6/2017
Symposium: 12 <sup>th</sup> World Congress on Controversies in Neurology (CONy)	
Warsaw, Poland	3/23/2018
Symposium: 13 <sup>th</sup> World Congress on Controversies in Neurology (CONy)	
Madrid, Spain	4/6/2019
Conference: 5 <sup>th</sup> Congress of the European Academy of Neurology	
Oslo, Norway	6/30/2019
Conference: World Headache and Migraine Alliance Congress	
Dublin, Ireland	9/7/2019

*United States- National:*

Symposium: CFS Assessment, Immunological Aspects of CFS,	
CFIDS Association, Bethesda, MD	10/22/2001
Continuing Education Seminar: GlaxoSmithKline Pharmaceuticals,	
Research Triangle Park, NC	3/7/2002
Continuing Education Lecture:	
Pri-Med Update, Independence, OH	2/7/2003
Annual Meeting: Alabama Academy of Neurology,	
Birmingham, AL	5/10/2003
Continuing Education Lecture:	
Headache Update 2003, Orlando, FL	7/16/2003
Continuing Education Lecture:	
Pri-Med Update, Philadelphia, PA	6/12/2004
Research Seminar	
Department of Neurology, UCSF, San Francisco, CA	1/6/2005
Symposium / Public Debate: Patent Foramen Ovale and Migraine	
American Academy of Neurology, San Diego, CA	4/7/2006
Symposium: American Academy of Orofacial Pain, Headache Precourse	
Headache Cooperative of New England, Las Vegas, NV	4/27/2006
Grand Rounds: Department of Psychiatry and Behavioral Sciences	
Rosalind Franklin University, North Chicago, IL	9/27/2007
Symposium: First Annual HCOP Headache Meeting	
Headache Cooperative of the Pacific, Ojai, CA	2/9/2008
Symposium: 7 <sup>th</sup> Annual Headache Research Summit	
National Headache Foundation, Chicago, IL	10/16/2009
Symposium: NIH and AHS Collaborations	
American Headache Society Annual Meeting, Washington, DC	6/5/2011
Symposium: Fifth Annual HCOP Headache Meeting	
Headache Cooperative of the Pacific, Ojai, CA	1/27-28/2012
Lecture: Harold G. Wolff Lecture	
American Headache Society Annual Meeting, Los Angeles, CA	6/22/12

Symposium: Third Annual CME Meeting of the Southern Headache Society: Headache 2013	
Southern Headache Society, Orlando, FL	9/21/2013
Webinar – Panelist: Shifting Paradigms in Migraine Science	
Pain Research Forum	4/17/2014
Grand Rounds: Department of Neurology	
Stanford University School of Medicine, Palo Alto, CA	4/18/2014
Annual Meeting: Hot Topics in Headaches and Related Disorders, Symposium	
American Academy of Neurology, Washington, DC	4/19/2015
Grand Rounds: Visiting Professor, Department of Neurology	
University of Pittsburgh School of Medicine, Pittsburgh, PA	6/24/2015
Conference: 10 <sup>th</sup> Clusterbusters Annual Conference	
Chicago, IL	9/18-19/15
Symposium: Scottsdale Headache Symposium	
American Headache Society	11/17-20/16
Grand Rounds: Visiting Professor, Department of Neurology	
University of Rochester School of Medicine, Rochester, NY	3/10/2017
Symposium: Fifth Annual Conference American Headache and Migraine Association	
Boston, MA	6/11/17
Conference: 12 <sup>th</sup> Clusterbusters Annual Conference	
Chicago, IL	9/15-16/17
Symposium: Sex and Gender Differences in Migraines, Society for Women's Health Research	
Washington, DC	10/2/17
Symposium: Scottsdale Headache Symposium	
American Headache Society	11/17/18
Migraine World Summit Live	
Los Angeles, CA	3/19/19
Symposium: Shut the Door on Stigma, Coalition for Headache and Migraine Patients	
Washington, DC	4/23-24/19
Conference: Bust Stigma, Boost Awareness, Miles for Migraine	
Philadelphia, PA	5/3/19
Conference: National Organization of Social Security Claims Representatives	
Washington, DC	6/18/19
Conference: American Headache Society 61 <sup>st</sup> Annual Scientific Meeting	
Philadelphia, PA	7/13/2019
Conference: Southern Headache Society 9 <sup>th</sup> Annual Scientific Meeting	
Nashville, TN	9/20-21/2019
Symposium: Scottsdale Headache Symposium	
American Headache Society	11/24/19
Symposium: 13 <sup>th</sup> Annual Headache Cooperative of the Pacific (HCOP) Meeting	
Ojai, CA	1/24/2020
Conference: Migraine Science Collaborative, Association of Migraine Disorders	
on-line	3/29/2020
Conference: Education Day, Miles for Migraine	
on-line	5/9/2020
Conference: 15 <sup>th</sup> Clusterbusters Annual Conference	
on-line	9/12/20

*United States- Northeast regional:*

Grand Rounds: Department of Medicine Northwest Hospital Medical Center, St. Albans, VT	10/27/1998
Grand Rounds: Department of Medicine Nathaniel Littauer Hospital, Amsterdam, NY	4/9/1999
Symposium: Neurology for the Primary Care Provider, Review Course Department of Neurology, University of Vermont, Burlington, VT	8/23/1999
Grand Rounds: Department of Medicine Northern Vermont Regional Hospital, St Johnsbury, VT	10/14/1999
Symposium: Vermont Family Practice Review Course Department of Family Practice, UVM, Burlington, VT	6/8/2000
Fall Educational Seminar: Community Care Physicians, P.C. Albany, NY	10/5/2000
Symposium: Cutting Edge in Headache Treatment Headache Cooperative of New England, Teaneck, NJ	11/11/2000
Symposium: The Triptans: Old and New, Headache Cooperative of New England, Stowe, VT	3/2-3/2001
Annual Meeting: Adirondack Society of Physician Assistants, Lake Placid, NY	3/8/2001
Grand Rounds: Department of Medicine, Central Vermont Hospital, Barre, VT	6/7/2001
Symposium: Neurology for the Primary Care Provider, Review Course Department of Neurology, University of Vermont, Burlington, VT	8/20/2001
Symposium: The Art and Science of Headache Treatment, Headache Cooperative of New England, Old Greenwich, CT	10/6/2001
Grand Rounds: Department of Medicine, Champlain Valley Physicians Hospital, Plattsburgh, NY	10/12/2001
Annual Meeting: New England College Health Association, Burlington, VT	11/2/2001
Symposium: The Art and Science of Headache Treatment, Headache Cooperative of New England, Boston, MA	11/10/2001
Symposium: Management of Headache in Women, Children, and Adolescents, Headache Cooperative of New England, Stowe, VT	3/1-2/2002
Annual Meeting: Vermont Pharmacy Association, Montpelier, VT	4/28/2002
Symposium: Vermont Family Practice Review Course Department of Family Practice, UVM, Burlington, VT	6/19/2002
Symposium: Advances in Headache Diagnosis and Treatment, Headache Cooperative of New England, Boston, MA	10/26/2002
Continuing Education Seminar Vermont Pharmacy Association, Winooski, VT	3/30/2003
Continuing Education Lecture: Primary Care Network, Lowell, MA	5/31/2003
Continuing Education Lecture: Postgraduate Institute for Medicine, Boston, MA	8/13/2003
Symposium: Neurology for the Primary Care Provider, Review Course Department of Neurology, University of Vermont, Burlington, VT	8/17/2003



Symposium: Advances in Headache Diagnosis and Treatment, Headache Cooperative of New England, Boston, MA	10/18/2003
Annual Meeting: The Nurse Practitioner Association New York State Bolton Landing, NY	10/24/2003
Symposium: The Headache Connections, Headache Cooperative of New England, Stowe, VT	2/27/2004
Annual Meeting: Adirondack Society of Physician Assistants, Lake Placid, NY	3/6/2004
Grand Rounds: Department of Medicine, Porter Medical Center, Middlebury, VT	10/1/2004
Annual CME Meeting: New York State Society of Physician Assistants, Albany, NY	10/3/2004
Symposium: Practical Approaches to Headache Diagnosis and Treatment, Headache Cooperative of New England, Boston, MA	11/6/2004
Symposium: Focus on Cluster Headache, <i>The Annual David Coddon Lecture</i> Headache Cooperative of New England, Stowe, VT	3/4/2005
Symposium: Neurology for the Primary Care Provider, Review Course Department of Neurology, University of Vermont, Burlington, VT	9/25/2005
Annual Meeting: Northern New England Neurological Society Portsmouth, NH	10/28/2005
Symposium: Focus on New and Emerging Headache Treatments Headache Cooperative of New England, Boston, MA	11/12/2005
Symposium: Focus on New and Emerging Headache Treatments Headache Cooperative of New England, Stowe, VT	3/3/2006
Symposium: Women's Health Issues For Primary Care Providers, Review Course Department of Obstetrics & Gynecology, UVM, Burlington, VT	5/18/2006
Research Seminar Vermont Chapter, Society for Neuroscience, Burlington, VT	5/19/2006
Symposium: 32 <sup>nd</sup> Annual Vermont Family Practice Review Course Department of Family Practice, UVM, Burlington, VT	6/13/2006
Symposium: Review of Primary and Secondary Headaches with Clinical Cases Headache Cooperative of New England, Boston, MA	11/4/2006
Grand Rounds: Department of Neurology Dartmouth-Hitchcock Medical Center, Lebanon, NH	11/17/2006
Symposium: Headache Update Headache Cooperative of New England, Stowe, VT	3/2/2007
Symposium: The 19 <sup>th</sup> Annual Symposium on the Treatment of Headaches & Facial Pain New York Headache Foundation, New York, NY	4/15/2007
Symposium: Intensive Review of Headache Medicine, Headache Cooperative of New England, North Falmouth, MA	8/10/2007
Symposium: Headache across the lifespan Headache Cooperative of New England, Boston, MA	11/10/2007
Symposium: Women's Health Issues For Primary Care Providers, Review Course Department of Obstetrics & Gynecology, UVM, Burlington, VT	5/7/2008
Symposium: Intensive Review of Headache Medicine, Headache Cooperative of New England, Cambridge, MA	8/9/2008
Symposium: Comprehensive Overview of Migraine Headache, Headache Cooperative of New England, Boston, MA	11/1/2008

Symposium: Headache Update	
Headache Cooperative of New England, Stowe, VT	3/6-7/2009
Symposium: Update on the Diagnosis and Treatment of Headaches: A Case-Based Approach	
Headache Cooperative of New England, Boston, MA	11/14/2009
Symposium: Headache in Depth	
Headache Cooperative of New England, Stowe, VT	2/27/2010
Symposium: Update on the Diagnosis and Treatment of Headaches: A Case-Based Approach	
Headache Cooperative of New England, Boston, MA	11/6/2010
Symposium: Headache Update	
Headache Cooperative of New England, Stowe, VT	3/4/2011
Symposium: Women's Health Conference, Review Course	
UVM Continuing Medical Education, Burlington, VT	5/11/2011
Symposium: Headache & Facial Pain: Evidence-Based Treatment	
Tufts University, School of Dental Medicine, Boston, MA	9/24/2011
Grand Rounds: Department of Medicine	
Glens Falls Hospital, Glens Falls, NY	11/1/2011
Symposium: Update on the Diagnosis and Treatment of Headaches: A Case-Based Approach	
Headache Cooperative of New England, Boston, MA	11/5/2011
Symposium: "Cutting Edge" Evaluation, Treatment, and Research	
Headache Cooperative of New England, Stowe, VT	3/2/2012
Symposium: 12 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	9/29/2012
Symposium: 23 <sup>rd</sup> Annual Winter Headache Symposium – Lifetime Achievement Award Lecture	
Headache Cooperative of New England, Stowe, VT	3/9/2013
Symposium: 13 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/2/2013
Symposium: 24 <sup>th</sup> Annual Winter Headache Symposium	
Headache Cooperative of New England, Stowe, VT	3/8/2014
Symposium: Women's Health Conference, Review Course	
UVM Continuing Medical Education, Burlington, VT	5/7/2014
Symposium: 14 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/8/2014
Grand Rounds: Department of Medicine, Rutland Regional Medical Center	
Rutland, VT	11/13/2014
Symposium: 25 <sup>th</sup> Annual Winter Headache Symposium	
Headache Cooperative of New England, Stowe, VT	3/6/2015
Symposium: 15 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/14/2015
Symposium: 26 <sup>th</sup> Annual Winter Headache Symposium	
Headache Cooperative of New England, Stowe, VT	4/1/2016
Annual Meeting: Northern New England Neurological Society	
Essex, VT	10/28/2016
Symposium: 16 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/12/2016
Symposium: 27 <sup>th</sup> Annual Winter Headache Symposium	
Headache Cooperative of New England, Stowe, VT	3/31/2017
Annual Meeting, Association of Migraine Disorders	



Providence, RI	6/23/2017
Symposium: 17 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/4-5/2017
Symposium: 28 <sup>th</sup> Annual Winter Headache Symposium	
Headache Cooperative of New England, Stowe, VT	3/2/2018
Symposium: 18 <sup>th</sup> Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/3/2018
Symposium: 29 <sup>th</sup> Annual Winter Headache Symposium	
Headache Cooperative of New England, Stowe, VT	3/2/2019
Symposium: Annual Meeting	
Vermont Ophthalmological Society, Warren, VT	3/9/2019
Symposium: 19th Annual HCNE Boston Headache Symposium	
Headache Cooperative of New England, Boston, MA	11/2/2019

*University of Vermont / Fletcher Allen Health Care / University of Vermont Medical Center, Vermont:*

Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	11/19/1998
Grand Rounds: Department of Medicine,	
UVM / Fletcher Allen Health Care, Burlington, VT	3/5/1999
Grand Rounds: Department of Psychiatry,	
UVM / Fletcher Allen Health Care, Burlington, VT	3/26/1999
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	11/11/1999
Grand Rounds: Department of Pediatrics,	
UVM / Fletcher Allen Health Care, Burlington, VT	5/12/2000
Research Seminar: Department of Obstetrics & Gynecology	
UVM / Fletcher Allen Health Care, Burlington, VT	11/16/2000
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	11/30/2000
Seminar: Pain Management Group, Department of Anesthesiology,	
UVM / Fletcher Allen Health Care, Burlington, VT	4/2/2001
Grand Rounds: Department of Pediatrics,	
UVM / Fletcher Allen Health Care, Burlington, VT	4/11/2001
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	1/3/2002
Research Seminar: GCRC Seminars in Investigative Medicine	
UVM / Fletcher Allen Health Care, Burlington, VT	1/25/2002
Seminar: Pain Management Group, Department of Anesthesiology,	
UVM / Fletcher Allen Health Care, Burlington, VT	4/1/2002
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	1/16/2003
Grand Rounds: Women's Health Care Service, Department of Obstetrics & Gynecology	
UVM / Fletcher Allen Health Care, Burlington, VT	4/8/2003
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	11/13/2003
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery	
UVM / Fletcher Allen Health Care, Burlington, VT	12/16/2004

Research Seminar, Department of Medicine (Endocrinology), UVM / Fletcher Allen Health Care, Burlington, VT	3/18/2005
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery UVM / Fletcher Allen Health Care, Burlington, VT	12/15/2005
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery UVM / Fletcher Allen Health Care, Burlington, VT	1/18/2007
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery UVM / Fletcher Allen Health Care, Burlington, VT	12/18/2008
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery UVM / Fletcher Allen Health Care, Burlington, VT	1/7/2010
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery UVM / Fletcher Allen Health Care, Burlington, VT	1/6/2011
Grand Rounds: Department of Pediatrics UVM / Fletcher Allen Health Care, Burlington, VT	2/9/2011
Seminar: Department of Obstetrics and Gynecology, Maternal & Fetal Medicine UVM / Fletcher Allen Health Care, Burlington, VT	5/18/2011
Seminar: UVM Clinical and Translational Science Friday Noon Seminar Series UVM / Fletcher Allen Health Care, Burlington, VT	2/17/2012
Seminar: Fletcher Allen Neurology Nursing In-Service Seminar UVM / Fletcher Allen Health Care, Burlington, VT	4/25/2012
Grand Rounds: Clinical Neurosciences, Departments of Neurology & Neurosurgery UVM / Fletcher Allen Health Care, Burlington, VT	12/20/2012
Seminar: Pain Management Fellows, Department of Anesthesiology, UVM / Fletcher Allen Health Care, Burlington, VT	6/10/2013
Seminar: Resident Didactic Series, Department of Obstetrics and Gynecology, UVM / Fletcher Allen Health Care, Burlington, VT	5/1/2014
Grand Rounds: Department of Family Medicine UVM / Fletcher Allen Health Care, Burlington, VT	10/27/2014
Seminar: Pain Management Fellows, Department of Anesthesiology, UVM / Fletcher Allen Health Care, Burlington, VT	3/30/2015
Grand Rounds: Departments of Medicine UVM Medical Center, Burlington, VT	1/29/2016
Grand Rounds: Department of Psychiatry, UVM Medical Center, Burlington, VT	5/19/2017
Seminar: Resident Didactic Series, Department of Obstetrics and Gynecology, UVM Medical Center, Burlington, VT	6/1/2017

**Public (Lay) Lectures (since 1998):**

"Migraine Awareness", Sheraton Hotel, Burlington, VT	3/31/1998
"Oh, My Aching Head", Northwest Hospital Medical Center, St. Albans, VT	3/30/1999
"Migraine Awareness", Ramada Hotel, Burlington, VT	11/10/1999
"Migraine", Vermont Migraine Support Group, Burlington, VT	4/24/2000
"Why Migraine is <i>Not</i> Headache", Community Medical School, College of Medicine, University of Vermont, Burlington, VT	3/26/2002
"The Migraine Syndrome", Community Medical School, College of Medicine, University of Vermont, Burlington, VT	4/18/2006
"The Migraine Syndrome", UVM Lifetime Wellness Program,	

University of Vermont, Burlington, VT	11/20/2007
“Myths of Migraine”, Community Medical School,	
College of Medicine, University of Vermont, Burlington, VT	5/10/2011
“One Day at a Time: When Headaches Become Chronic”, Community Medical School,	
College of Medicine, University of Vermont, Burlington, VT	10/8/2013
“Migraine isn’t headache. What is it?”, Fletcher Allen Health Care Healthsource Lectures Series	
Fletcher Allen Health Care, Burlington, VT	10/22/14

**Course Lectures / Precepting: Robert Larner, M.D. College of Medicine, University of Vermont**

Basic Neuroscience, lecturer / preceptor	
Course Director: Cynthia Forehand, Ph.D.	February 1998-1999
Advanced Basic Neuroscience, lecturer / preceptor	
Course Director: Timothy Fries, M.D.	January 1998-2002
Human Neuroscience (ANNB 202), lecturer	
Course Director: Margaret Vizzard, Ph.D.	April 2001-2007
Basic Clinical Clerkship, preceptor	April 1998-2002
Clinical Skills: Neurological Examination, preceptor	
Course Director: Robert Smith	1998-2007
Introduction to Psychopathology, preceptor	
Course Director: Scott Waterman, M.D.	Fall 2001
Advanced Basic Science: Genetics, Public Health/Epidemiology and Ethics, lecturer / preceptor	
Course Director: James Hudziak, M.D.	January 2000
Neuroanatomy for Neurology Residents, lecturer / preceptor	
Course Director: Margaret Vizzard, Ph.D.	Spring 1999
Acute Neurological Care for Residents Lecture Series, lecturer	1998-2009
Course Director	1999-2002
Housestaff Lecture Series, Department of Medicine, lecturer	1999, ‘06, 2/12, 11/12
Neurology Residents’ Journal Club, preceptor	1999-2007
Medical Student Outpatient Neurology Clerkship – lecturer / preceptor	1999-2009
Medical Student Inpatient Neurology Clerkship – lecturer / preceptor	2004-2009
Vermont Integrated Curriculum Neural Science Course, lecturer	
Course Director: Cynthia Forehand, Ph.D.	2004-2013
First Year Medical School Noon Lecture Series (“Bagel Rounds”)	2004, ‘05, ‘07-’13
Vermont Integrated Curriculum Bridge 2, lecturer on pharmaceutical marketing	
Course Director: Tania Bertsch, M.D.,	2007 - 2008
Reporting Clinical Research – reviewer	
Course Director: Charles McLean, M.D.	2007
Physical Therapy 349, lecturer	
Course Director: Sonya Worth, PT, Karen Westervelt, PT.	2009, ‘11-‘14
COBRE Neurobiology of Disease Course (Channelopathies)	2011
Course Director: Felix Eckenstein, Ph.D.	
Neurology Resident Neuroscience Course: Channelopathies that Manifest with Headache	2016

**Academic Advising: Robert Larner, M.D. College of Medicine, University of Vermont**

Medical student advising (one medical student)	1998-2001
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Neurology resident advising (one resident per year)	1998-2009
MD/PhD Dissertation Committee (Anna Euser)	2005-2007

**UCNS Headache Fellowship Trainees, Robert Larner, M.D. College of Medicine, UVM**

Katherine Wayman, MD	2014-2016
Adam Sprouse Blum, MD	2015-2017

**Administration: University of Vermont or University of Vermont Medical Center**

Neurology Residency Selection Committee, Member	1998-
Medical Student Faculty Advisor	1999-2001
Neurology Resident Faculty Advisor	1999-
FAHC Multidisciplinary Pain Task Force, Member	2000
Neurology Residency Program, Department of Neurology, Co-Director	2001- 2002
Acute Neurological Care Lecture Series for Neurology Residents, Director	2001- 2002
Neuroscience Grand Rounds, Director	2001- 2013
UVM General Clinical Research Center, Scientific Advisory Committee, Member	2003 - 2006
Vice Chairman	2005 - 2006
UVM Postgraduate Medical Education Committee, Member	2003 -
UVM LCME Review Subcommittee IV, Member	2004
UVM Department of Neurology Promotions Committee, Member	2004
M.D./Ph.D. Student Dissertation Committee (Anna Euser) , Member	2005 - 2007
UVM/FAHC Biomedical Imaging Research Strategic Planning Group, Member	2005 - 2010
Graduate Faculty, University of Vermont	2006 -
UVM Office of Clinical Trials Research, Medical Director	2006 - 2008
UVM Office of Clinical Trials Research Steering Committee, Chairman	2006 - 2008
UVM/FAHC CTSA / OCTR Task Force, Member	2007
UVM Department of Neurological Sciences Chairman Search Committee	2011 - 2012
UVM Neuroscience, Behavior, and Health Spire Focus Group	2011
UVM/FAHC Headache Medicine Fellowship, UCNS accredited, Director	2012 -
University Health Center, Inc., Burlington, VT, Member, Board of Trustees	2012 - 2019
Chairman, Audit Committee	2015 - 2019
UVM Department of Neurological Sciences,	
Schumacher Lectureship Committee, Chairman	2015 -
UVM Department of Neurological Sciences,	
Transforming Neurology Clinic Council, Chairman	2015 -
UVM Department of Neurological Sciences,	
Division Chief, Headache Medicine	2016 -
UVM Department of Neurological Sciences,	
Promotion Committee	2016 -

**Multicenter Pharmaceutical Clinical Trials:**

1) GlaxoSmithKline, Phase II Trial, Principal Investigator	2002
"A randomized, double-blind, single-dose, double-dummy evaluation of the efficacy, safety and pharmacokinetics of [compound A] and [compound B] versus placebo in the acute treatment of migraine."	

- 2) AstraZeneca, Phase IV Trial, Principal Investigator 2002  
"A multicenter, 2-phase, double-blind, randomized, placebo-controlled, parallel trial to evaluate the efficacy of a single dose of zolmitriptan (ZOMIG®) as acute treatment in phase I and repeated Doses as preemptive treatment in phase II for menstrual migraine headache."
  
- 3) AstraZeneca, Phase IV Trial, Principal Investigator 2002-2003  
"A multicenter, randomized, placebo-controlled, double-blind, parallel-group trial to evaluate early efficacy and tolerability of Zolmitriptan (ZOMIG®) nasal spray in the acute treatment of adult subjects with migraine."
  
- 4) POZEN, Phase III Trial, Principal Investigator 2004-2005  
"A double-blind, multicenter, randomized, placebo-controlled single dose study to evaluate the safety and efficacy of Trexima® in the acute treatment of migraine headaches."
  
- 5) Eisai, Phase II Trial, Principal Investigator 2004-2006  
"A randomized, double-blind, placebo-controlled, multi-center, parallel-group study to evaluate the efficacy and safety of E2007 in migraine prophylaxis."
  
- 6) GlaxoSmithKline, Phase III Trial, Principal Investigator 2005-2006  
"A randomized, double-blind, multi-center, placebo-controlled, cross-over study to determine the consistency of response for Trexema® (sumatriptan 85mg / naproxen sodium 500mg) administered during the mild pain phase for the acute treatment of multiple migraine attacks."
  
- 7) Merck, Phase III Trial, Principal Investigator 2007  
"A phase III multicenter, randomized, placebo-controlled clinical trial to study the efficacy and safety of oral MK-0974 in the acute treatment of migraine with or without aura."
  
- 8) Merck, Investigator-initiated trial, Site Investigator 2010  
"Headache Experts Questionnaire / RA001."
  
- 9) Novartis, Phase III Trial, Sub-Investigator 2013  
"A multicenter, randomized, double-blind, parallel-group, placebo-controlled variable treatment duration study evaluating the efficacy and safety of Siponimod (BAF312) in patients with secondary progressive multiple sclerosis."
  
- 10) Investigator Initiated, Phase IV Trial, Executive Committee Member 2014  
"Thienopyridine Therapy for Refractory Episodic Migraine (THEOREM) Trial"
  
- 11) Lilly, Phase 2b Trial, Protocol I5Q-MC-CGAB, Data Monitoring Committee 2014  
"A Phase 2b, Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients with Episodic Migraine."
  
- 12) Lilly, Phase 3 Trial, Protocol I5Q-MC-CGAG, Data Monitoring Committee 2015 -  
"A Phase 3 Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients with Episodic Migraine - the EVOLVE-1 Study"
  
- 13) Lilly, Phase 3 Trial, Protocol I5Q-MC-CGAH, Data Monitoring Committee 2015 -

“A Phase 3 Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients with Episodic Migraine - the EVOLVE-2 Study”

14) Lilly, Phase 3 Trial, Protocol I5Q-MC-CGAI, Data Monitoring Committee 2015 -  
 “A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients with Chronic Migraine – the REGAIN Study”

15) Lilly, Phase 3 Trial, Protocol I5Q-MC-CGAJ, Data Monitoring Committee 2015 -  
 “A Phase 3, Long-Term, Open-Label Safety Study of LY2951742 in Patients with Migraine”

16) Lilly, Phase 3 Trial, Protocol I5Q-MC-CGAL, Data Monitoring Committee 2015 -  
 “A Phase 3 Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 in Patients with Episodic Cluster Headache”

17) Lilly, Phase 3 Trial, Protocol I5Q-MC-CGAM, Data Monitoring Committee 2015 -  
 “A Phase 3 Randomized, Double-Blind, Placebo-Controlled Study of LY2951742 with a Long-Term Open-Label Extension in Patients with Chronic Cluster Headache”

**Data Monitoring Committee, Consulting, Scientific Advisory Board, and/or Lecturing Activities:**

GlaxoSmithKline	1998 - 2003, 2005
Merck	1998 - 2007
Abbott Laboratories	1999 - 2002
AstraZeneca Pharmaceuticals	2000 - 2005
Pfizer	2001 - 2004, 2009
Elan Pharmaceuticals / UCB Pharma	2002 - 2003
MedPointe Pharmaceuticals	2003 - 2004
Eisai Pharmaceuticals	2004, 2006
MAP Pharmaceuticals	2005 - 2007, 2009 - 2012
NuPathe Pharmaceuticals	2007 - 2011
Iroko Pharmaceuticals	2009
Zogenix Pharmaceuticals	2010
Nautilus Neurosciences	2010
Eli Lilly	2014 –
Lundbeck	2020 –



UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF VERMONT

ROBERT E. SHAPIRO

Plaintiff,

v.

Case No. 2:19-cv-238

UNITED STATES SOCIAL SECURITY  
ADMINISTRATION

Defendant.

**CERTIFICATE OF SERVICE**

I hereby certify that on the 22<sup>nd</sup> day of September, 2020, I, Justin Sherman, Esq., of Langrock Sperry & Wool, LLP electronically filed with the Clerk of the Court ***Plaintiff's Cross Motion for Summary Judgement, and Opposition to Defendant's Motion to Dismiss, Or In The Alternative, for Summary Judgement with Affidavit of Robert E. Shapiro***, by using the CM/ECF system. The CM/ECF system will provide service of such filing(s) via Notice of Electronic Filing (NEF) to the following NEF party:

Jason Turner, Esq.  
Vermont Attorney General's Office  
109 State Street  
Montpelier, VT 05609-1001  
*Jason.Turner@vermont.gov*

DATED at Burlington, Vermont this 22<sup>nd</sup> day of September, 2020

LANGROCK SPERRY & WOOL, LLP



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***Attorneys for Robert E. Shapiro***